

CERTIFICATION OF CORRECTIVE ACTION

Resolution of 2001-02 Audit Findings

Date: _____

LEA:

County: _____

CDS#: _____ - _____
County Code District Code

Superintendent's or Designee's Signature: _____
(The Superintendent certifies that all corrective action(s) specified in the attached page(s) have been implemented and assures that the corrective procedures will be used in ensuing years.)

Contact Person: _____

Phone Number:

INSTRUCTIONS

On a separate sheet, please describe the specific corrective action which has been taken for each audit finding identified. Be certain that your responses are clear and concise. You will need to provide all documentation that confirms specific actions resolving the problem i.e., copies of amended reports, corrective action plans, etc.

Please sign and date this Certification of Corrective Action and submit the original certification form, response, and corresponding documentation to:

California Department of Education
School Fiscal Services Division
1430 N Street, Suite 3800
Sacramento, CA 95814
Attn: Audit Resolution Staff

FAX: (916) 327-6157

Your response must be submitted **within four weeks of the date of this letter.**

For our records, please let us know if the Superintendent, Chief Business Officer and/or mailing address shown is incorrect.

☐ No Change

☐ Please note the following change(s):
